



Last Updated: 03/09/2022

Medicaid Bulletin

The purpose of this bulletin is to notify FFS hospice providers of an enhanced process to enter admissions to and disenrollments from hospice for certain individuals. This allows the hospice FFS providers to enter admissions and discharges directly into the system and will complete the process of electronic submission for all individuals who are enrolled in hospice. FFS hospice providers will no longer need to Fax the DMAS 421A, and instead the hospice provider will maintain the DMAS 420, 420A, and 421A in the individual's record.

Hospice providers will continue to Fax the 421A to the appropriate health plan for entry in the LTC portal for members enrolled in the Commonwealth Coordinated Care Plus Managed Care Programs.

Effective January 1, 2020, all hospice providers will be required to enter their own hospice admissions and disenrollments directly into the LTC portal for FFS individuals enrolled in hospice. Providers may find the Guide for the LTC Portal and the webinar trainings at <http://www.dmas.virginia.gov/#/ltssservices> under the "Automated Enrollment and Disenrollment" tab at the top of the page. DMAS encourages providers to review the training presentations and the Portal Guide prior to using the portal for entering admissions and discharges.

DMAS will hold providers trainings on the process of entering admissions and discharges into the LTC portal on November 14, 2019 and November 19, 2019. Hospice providers can register for these training sessions at the following links:

- [November 14th Training Session](#)
- [November 19th Training Session](#)

DMAS has set up an e-mail box for enrollment questions related to LTC portal use. Please send questions to: AEandD@dmas.virginia.gov.

Updates have been made to the hospice forms 420, 420A, and 421A. Those forms may be accessed on the DMAS portal under Forms Search.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as MEDICAID EXP. If the individual is enrolled in managed care, the MEDICAID EXP segment will be shown as well as the managed care segment, MED4 (Medallion 4.0), or CCCP (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at:

<http://www.dmas.virginia.gov/#/medex>.



PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. <https://www.virginiamedicaid.dmas.virginia.gov>

Medicall (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. 1-800-884-9730 or 1-800-772-9996

KEPRO

Service authorization information for fee-for-service members. <https://dmas.kepro.com/>

Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0

<http://www.dmas.virginia.gov/#/med4>

CCC Plus

<http://www.dmas.virginia.gov/#/cccplus>

PACE

<http://www.dmas.virginia.gov/#/longtermprograms>

Magellan Behavioral Health

Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.

<http://www.MagellanHealth.com/Provider>

For credentialing and behavioral health service information, visit:

www.magellanofvirginia.com, email:

VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046

Provider HELPLINE

Monday-Friday 8:00 a.m.-5:00

p.m. For provider use only,

have Medicaid Provider ID

Number available.

1-804-786-6273

1-800-552-8627